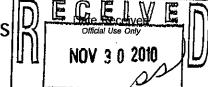
CALIFORNIA FORM FAIR POLÍTICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC TERESTS



Alease type or print in ink.	Alc Doblinent			
NAME (LAST)	(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER
Moore	Thomas	J		(d)(5)
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(d)(5)				
1. Office, Agency, or Court		4. Schedule	e Summa	 ry
Name of Office, Agency, or Court: City of Mt Shasta		► Total number including th	er of pages iis cover pag	je:3
Division, Board, District, if applicable:		► Check application interests."	cable schedu	iles or "No reportable
Your Position: City Council Member ► If filing for multiple positions, list ac position(s): (Attach a separate shape)		attached sch Schedule A- Investments (L	edules: 1	on one or more of the schedule attached nership)
Agency:			0% or Greater Ow	
2. Jurisdiction of Office (Che	eck at least one box)	Schedule C Income, Loans and Travel Payme	s, & Business F	schedule attached Positions (Income Other than Gifts
☐ State ☐ County of ☐ City of Mt. Shasta ☐ Multi-County		Schedule D Income – Gifts		schedule attached
		Schedule E Income – Gifts	☐ Yes — s s – Travel Payn	schedule attached ments
Other			-or	`-
3. Type of Statement (Check	at least one box)	No reporta	able interests	on any schedule

Date: 11 / 22 / 10 ■ Assuming Office/Initial Annual: The period covered is January 1, 2009, through December 31, 2009. O The period covered is ___ December 31, 2009. Leaving Office Date Left: ____/__ (Check one) O The period covered is January 1, 2009, through the date of leaving office. -or-O The period covered is _ the date of leaving office.

Election Year: .

☐ Candidate

including this cover page: ► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 X Yes — schedule attached Investments (10% or Greater Ownership)		
Schedule B Yes – schedule attached Real Property		
Schedule C X Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D Yes – schedule attached Income – Gifts		
Schedule E Yes – schedule attached Income – Gifts – Travel Payments		
-or-		
No reportable interests on any schedule		
5. Verification		

I have used all reasonable diligence in preparing this

statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any

I certify under penalty of perjury under the laws of the State

of California that the foregoing is true and correct.

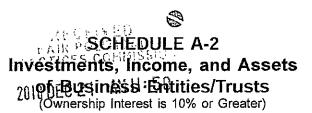
attached schedules is true and complete.

Date Signed .

Signature

(d)(5)

11/08/2010



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mt. Shasta Fitness Partnership	
Name 1620 S. Mt Shasta Blvd	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
TOOK BOSINESS FOR HOM	TOOK SESINESE FOOTHER
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Mt. Shasta Fitness Center	·
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 09	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE C Income, Loans, & Business A FAIR POLITICAL PRACTICES COMMISSION **Positions** (Other than Gifts and Travel Payments)

2010 DEC 21 AH 11:50

CALIFORNIA FORM

NAME OF SOURCE OF INCOME		
	NAME OF SOURCE OF INCOME	
Mt. Shasta Physical Therapy, Inc.	Doctors Park, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
633 Lassen Lane	635 Lassen Lane	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
General Manager/Part Owner	Business Manager/Owner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
⊠ \$10,001 · \$100,000 ☐ OVER \$100,000	X \$10,001 - \$100,000 ☐ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Loan repayment	Loan repayment	
Sale of	Sale of	
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
Other(Describe)	Other(Describe)	
İ		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD	
* *		
of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be or	our official status. Personal loans and loans received	
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PRACTICES COMMISSION Stocks, Bonds, and Other Interests - OM 1:39 (Ownership Interest is Less Than 10%)

SCHEDULE A-1

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

My Short Extres Partnership	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: 8 0 10 10 10 10 10 10	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE: /
NAME OF BUSINESS ENTITY	Verification Print Name
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Office, Agency Wh. Shoote Cary Cux as
FAIR MARKET VALUE \$2,000 - \$10,000	Statement Type 2010/2011 Annual Assuming Leaving Annual Candidate
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	California that the foregoing is true and correct. Date Signed
/ / 10 / / 10 ACQUIRED DISPOSED	Signature (d)(5)
Comments:	

FAIR POLITICAL SCHEDULE A-2 PRACTICES CONTINUES TIMENTS, Income, and Assets

of Business Entities/Trusts
11 0CT -5 PM 1: 3 Cownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► 1. BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
Doctors fact	BUSINESS ENTITY OR TRUST
Name 635 Lassen Line WKShash, CA Address (Business Address Acceptable)	Check one box:
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 10,001 - \$100,000 10,000	Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 10 / 10 / 10 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Other Other Leasehold Other Other Other Check box if additional schedules reporting investments or real property are attached
Comments:	
Verification	and the second s
Print Name Tom Moore Office, Agency or Court Mt Shasta Cuta	Council
Statement Type 2010/2011 Annual Annual Assi	uming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have rev contained herein and in any attached schedules is true and complete.	viewed this statement and to the best of my knowledge the information
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct. (d)(5)
Date Signed ————————————————————————————————————	ignatui